## BOARD OF EXAMINERS IN OPTOMETRY CONTINUING EDUCATION REPORT FOR THE PERIOD MAY 1, 2003 – APRIL 30, 2005 DUE MAY 1, 2005

	SS			
PHONE		E-MAIL ADDRESS		
Dates From/To	Program Title	Presenter	Hours	Check if Therapeutic
(Photocopy thi	s sheet if you need more space)	Enter Total Therapeutic:	То	tal Other:
<ol> <li>I have</li> <li>I will</li> <li>I have</li> <li>No dilicense</li> </ol>	e completed the continuing education are maintained official certificates of attendamentation and action official certificates of attended a copy of my current CPR of e not engaged in any of the acts or official certificates.	ndance for all the programs above and will providence for all the programs I attend during the next pertification for both adults and children (therapeut ness that would be grounds for disciplinary action complaints are pending against me in any jurisdict	renewal period, tic optometrists a under the opto	and only), and ometry practice act, and
SIGNATUE	RE:	DATE:		

## **Continuing Education Requirements**

All licensees are required to complete 12 hours of continuing education. All therapeutic licensees are required to complete an additional 12 hours of therapeutics and management of ocular disease. Meetings (Scientific Session only) of these providers are approved:

- AOA
- Delaware Optometric Association
- American Academy of Optometry
- Recognized State, regional or national optometric societies
- Schools and colleges of optometry
- Other Organizations approved by the Board
- COPE-approved courses
- Self-study (maximum of 2 hours for diagnostic licensees, 4 hours for therapeutic licensees) including reading optometric journals, tape journals, audiovisual material and other materials the Board has pre-approved.

NOTE: No practice management courses will be given credit.

**RETURN THIS REPORT TO:** 

Board of Examiners in Optometry Division of Professional Regulation Cannon Building, Suite 203 861 Silver Lake Boulevard Dover, DE 19904